

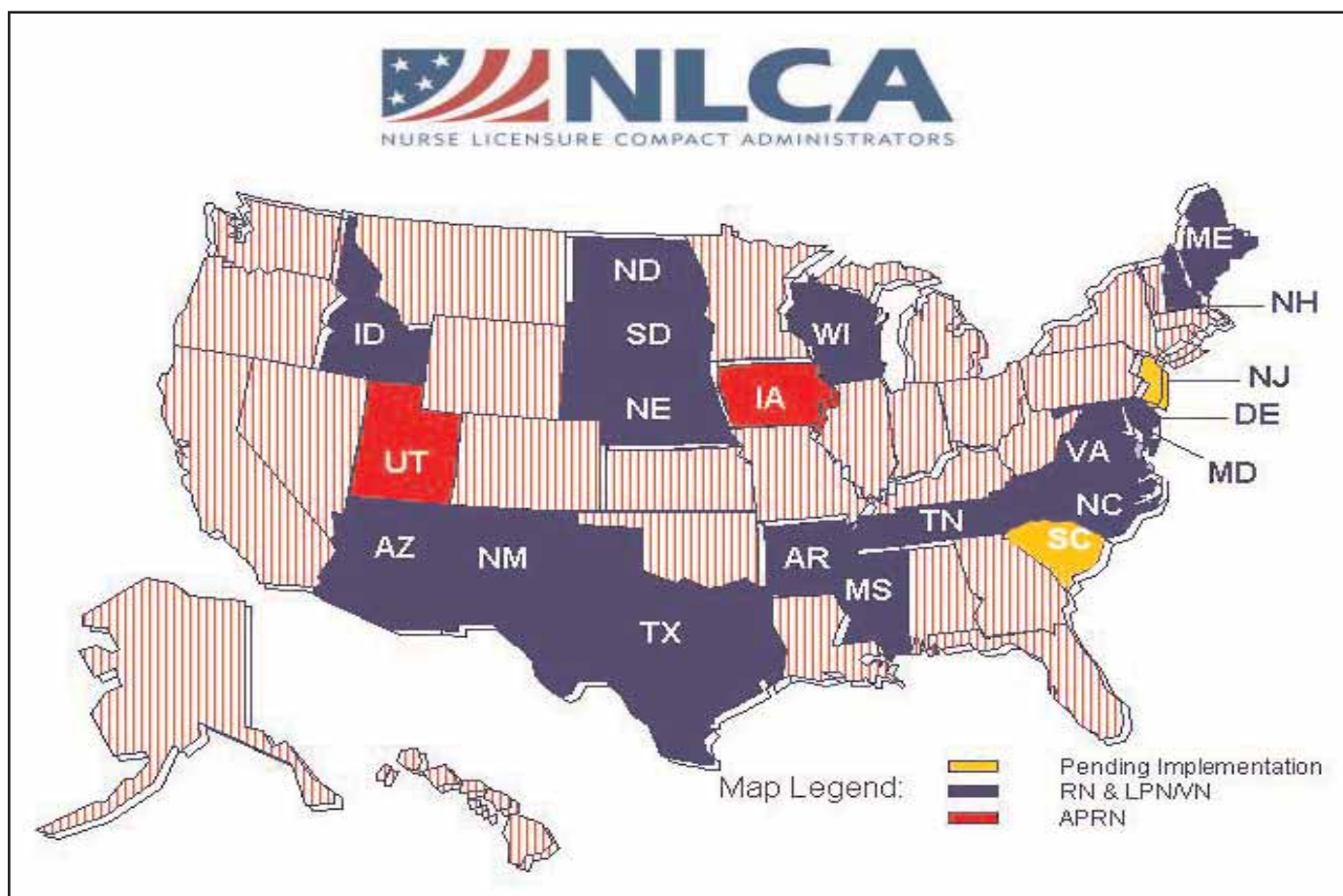


NEW HAMPSHIRE BOARD OF NURSING

February

2006

Official Publication of the New Hampshire Board of Nursing



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From the Executive Director

By Margaret J. Walker, MBA, BS, RN



Happy New Year and best wishes to all. The year 2006 should prove to be an interesting time with many changes. I will list the various

projects the Board office has been involved with and will continue to work on.

The nursing compact legislation has consumed almost every moment in the Board office for the last several months and we are hopeful the conversion will work well for the majority of our licensees. We hope we have anticipated possible problems and remain committed to correcting any issues in a timely fashion. As we have reviewed licensure records and the many returned letters for lack of correct address, we realize we may not know all of the licensee's location and those who are in the military. We ask all licensees to review their licensing record carefully on our website verification link at www.nh.gov/nursing. If there is any information that needs correction, please notify the Board at your earliest convenience at boardquestions@nursing.state.nh.us.

We wish to thank the Maine Board of Nursing (our closest compact state) for their assistance and support during this major licensure change. We are fortunate to have a friendship and relationship with our neighbors from Maine. We also thank them for accommodating the current NH LPNs licensed by comparable education that have been working in NH and living in Maine. LPNs licensed by comparable education after January 1, 2006 cannot be licensed in Maine as the Maine law does not have this category of licensure. Please be aware that many compact states do not accept licensure by comparable education. LPNs licensed in NH by comparable education will be listed with a single state NH license.

As stated in the last newsletter, the licensing fees for RNs and LPNs will increase on January 1, 2006 to accommodate the nursing compact legislation. Your applications will reflect this change in fees. We encourage all licensees to renew their licenses using the on-line feature. In the near future, the NH Board of Nursing will be a paperless system that will not mail licenses to its licensees. Rather, we will provide licensure verification that is up to date and correct for review on our website. Unfortunately, the criminal background check will still require a document process with the NH State Police. You will note that many states are moving in a paperless direction while using computer technology. Remember if you need a license on hand, you can always print a copy.

The NH Board of Nursing will turn 100 years old in 2007 and NH Nurses Association celebrates 100 years in 2006. Thus, we plan to spend the next 2 years celebrating nursing history in New Hampshire. Please stay posted on events and meetings that relate to the 100th year celebration. Also, remember the Day of Discussion conferences noted in this newsletter. The Board has planned memorable events and hope as many licensees as possible will be in attendance.

The legislature is in session and there are legislative bills under review that will impact the Nurse Practice Act. Please make sure you submit your name to boardquestions@nursing.state.nh.us to be placed on the legislative update list. The Board regularly sends information that pertains to hearings, legislator needs for information, and other related lawmaking issues. In addition to legislation, please note that the Board continues to update the Board of Nursing Administrative Rules and your input is needed during this process.

On January 19, 2006 the board invited many ARNP nurse leaders to a summit to discuss ARNP cate-

gories and ARNP practice in NH. Margaret Franckhauser, ARNP will act as facilitator for this process and minutes from this meeting will be available on the Board website.

Board staff members are currently upgrading the website and hope you like our new look. We are hopeful that the new site will provide a better service to all of you with search engines and directions that are easier to navigate. Please use the website often and if you have suggestions, please let us know. The website provides all of you with the most up-to-date information from our Board.

You will note that the Board has been working closely with Emergency Preparedness agencies in an effort to assure safe and effective care for our citizens should a disaster strike. We support the work of the emergency services and have worked closely with the agencies to design the application for volunteers. If you wish to volunteer for emergencies, you can complete the application from this newsletter or go to the Board website at www.state.nh.us/nursing. If you have access to the internet, we ask you to consider applying on-line to minimize the data processing of the applications.

As many of you are aware, we have a LPN vacancy on the board. If you have an interest in applying to fill this vacancy, please contact the Governor's office at 271-2121 for an application. In addition, we are looking for ARNP representatives for the Board's Liaison Committee. If you have an interest, please contact Judith Evans at 271-2323.

In closing, we are embarking on new ways to provide licensure for New Hampshire nurses and nursing assistants while maintaining quality services to our licensees. We hope to meet the needs of our citizens and our licensees during this time of change. Finally, we hope 2006 brings the nursing community together in celebration of our rich nursing history.

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■ LNA Opportunities

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From The Board Chair

By Thomas Bloomquist, MSN,
CRNA-ARNP, FAAPM

Happy New Year!

At this time of year, it is good to remember all that we are thankful for, like past/present friends and family. First on my list are the men and women who are New Hampshire nurses. The BON frequently hears from patients and families grateful for the care and professionalism of nurses from across the spectrum of practice and across the state. We regularly hear tales of heroism, skill (common and uncommon) and caring combined with science. So, remember, whether you are working, on call or at home – people notice your caring and professionalism even during challenges.

Next on my list are those BON members and staff who worked in the past so that we have a field in which to practice and one of this country's best practice acts. Likewise, I am thankful for our current board members and committee members who volunteer their time and energy for the public and all NH nurses. In addition to the board meetings, they go on site visits, deliberate on issues large and small and research topics brought forward by NH nurses. Yes, I am thankful for each and every one and ask that you remember them also.

Next, I am thankful for the Board staff, Margaret Walker, MBA, RN and the entire staff who have diligently attended to the daily workings of the Board at the office. They have also taken on huge new projects, like moving all our operations to a new office, the myriad of details associated with the nurse compact and background check system. These accomplishments have come despite staff cut-backs and budget cuts.

In 2005, we completed our four-year effort to get the Nurse Practice Act passed, which included provisions for the nurse compact. The compact will have advantages and be a money saver for most here in NH, although there will be some who are inconvenienced by these new provisions. The Board staff will work with you to help but if it all gets frustrating,

remember the BON staff on the other end of the phone did not bring you these changes. Be hard on the issues and soft on the people!

As to challenges, this year saw devastating floods here in NH causing hardship, loss and the activation of disaster teams who responded to the local and national storm disasters. The BON's Emergency Preparedness Committee has created an application and database for those interested in volunteering for disaster and public health emergency response teams. This volunteer committee put in a lot of time and effort for you on this project. Their work has also been noticed and applauded by several state agencies and gained recognition for NH nurses.

I salute all who volunteer for these disaster response teams, it is another example of nursing courage and professionalism. Experience working on these teams can be exciting and bring unparalleled growth and learning opportunities. I do want to point out that this application contains important wording about the responsibilities that come with these opportunities.

The specifics of how you will practice at a disaster scene need to be discussed with the organization(s) that you select. In advance, you need to have frank and thoughtful discussions with your family, employer, associates or team members about what happens if you are asked to respond to a disaster and will be away. Remember, your response will always be voluntary. The Board wants to hear from nurses who work with the teams and have experienced lessons useful to the rest of NH nursing. Send information or an article for our newsletter about experiences, observations, or helpful ideas.

Disaster nursing may require different skills and we will start to see more educational offerings to meet those needs. Core, basic and advanced disaster life support courses (CDLS, BDLS & ADLS) are being offered around the country. For example, St. Anselm is preparing a conference on disaster preparedness education for June 19 & 20th, 2006.

This will be a 2-day intensive conference on nursing responses to disasters in everyday life, including Core Disaster Life Support (CDLS) training, an orientation to FEMA's

Incident Command System, risk communication, psychology of disaster, and behavioral health. The training will help to prepare disaster teams or any who are interested with education, requirements and recommendations. For more information contact Debra McLaughlin at DMcLaughlin@Anselm.Edu.

What about the New Year? In 2006 we will see the compact become operational. We will have an

Continued on page 27

Need Information? 24/7 Services

Dial 603-271-6599

Press 1

To verify a nursing license.

Press 2

To verify a nursing assistant license.

Press 3

For directions to the Board of Nursing office.

OR

Connect to the Internet

<http://www.state.nh.us/nursing/>

Verification Center for updates on licensure and application status information

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Monday through Friday

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New Hampshire Joins the Nursing Licensure Compact

By the time you read this, New Hampshire will have already joined the Nurse Licensure Compact, effective January 1, 2006. New Hampshire's ability to join the "compact" was made possible by amendments to the Nurse Practice Act enacted into law in July 2005.

The Compact allows RNs and LPNs who are licensed in a state that is a member of the compact to work in other states that are part of the compact without getting a license in the other state. Joining the compact is one of the most significant changes in licensing that nurses in New Hampshire have experienced. There is a lot of important information about how the compact will affect your license on the Board of Nursing web site, <http://www.nh.gov/nursing/compact.html>. Part of the document, "Frequently Asked Questions" is printed below. Be sure to check the web site for additional information.

IMPORTANT! This will be the last newsletter that will be mailed to those of you who are no longer licensed in New Hampshire because you live in another compact state. If you still practice nursing in New Hampshire and/or wish to stay current about New Hampshire nursing practice, you will need to access the newsletter on the Board of Nursing web site, www.nh.gov/nursing. The newsletter is published twice per year, in February and August.

Frequently Asked Questions Regarding the National Council of State Boards of Nursing (NCSBN) Nurse Licensure Compact (NLC)

What is the mutual recognition model?

The mutual recognition model of nurse licensure allows a nurse to have one license (in the nurse's state of residency) and to practice in other states. Under mutual recognition, practice across state lines is allowed, whether physical or electronic, unless the nurse is under discipline or a monitoring agreement that restricts practice across state lines. In order to achieve mutual recognition, a state must enter into an interstate compact, called the Nurse Licensure Compact (NLC) also referred to in this article as the "Compact".

What states are presently members of the Nurse Licensure Compact?

As of December 2005, the following states are members of the Compact:

Arizona
Idaho
Maryland
New Mexico
South Carolina (2/1/2006)
Texas
Wisconsin

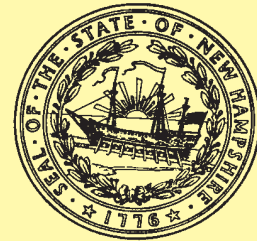
Arkansas
Iowa
Mississippi
North Carolina
South Dakota
Utah

Delaware
Maine
Nebraska
North Dakota
Tennessee
Virginia

And now New Hampshire! New Jersey is pending implementation.

How does the Nurse Licensure Compact work?

Your license to practice in the RN or LPN role is issued by the state in which you legally reside, and allows you to practice in any other state that is part of the Compact. If you move to a different "compact state," you must apply for a license from the board in your newly adopted state, and surrender your license in your former "compact state". You may maintain a license to practice in any other non-compact state. You may not maintain a multi-state license in more than one compact state at a time.



New Hampshire Board of Nursing

Mailing Address:
21 S. Fruit St., Ste. 16
Concord, NH 03301-2431

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Circulation:

The New Hampshire Board of Nursing is distributed to the homes of all the actively licensed RNs, ARNPs, LPNs and LNAs licensed in the state of New Hampshire biannually. It reaches over 34,000 licensees.

What determines primary residency for licensure purposes in the Nurse Licensure Compact?

Sources used to determine a nurse's primary residence for the Nurse Licensure Compact include, but are not limited to, driver's license, federal income tax return, and voter registration.

What happens to your New Hampshire Nursing License if you are a resident of New Hampshire?

If you are a resident of New Hampshire, and hold an active NH nursing license, it is likely that your New Hampshire nursing license became a multi-state license on January 1, 2006. There are a few exceptions that will be explained below. Your multi-state license qualifies you to practice nursing in New Hampshire and in the other Compact states without applying for a license from the other Compact states.

Which NH nursing licensees are granted single-state only privileges?

There are several categories of nurses who reside in New Hampshire, and have been issued a New Hampshire single state license, including:

- Nurses who have been disciplined by the NH Board of Nursing and who are working under a stipulation agreement;
- Nurses who are currently enrolled in the Road to Recovery program;
- Nurses who are licensed as practical nurses through comparable education; and,
- Nurses who were educated in Canada, and have never taken the NCLEX-RN or PN examination, or who took NCLEX in another jurisdiction or through the National Council of State Boards of Nursing, and have not provided such documentation to the NH Board of Nursing.

If you are in one of the categories above, your license allows you to practice nursing only in New Hampshire, and does not allow you to practice in other compact states. If you choose to move your residence to another compact state, you should contact the Board of Nursing in your new state to see if you are eligible for licensure in that state.

What happens to your New Hampshire Nursing License if you are not a resident of New Hampshire?

- **If your primary residence is not in New Hampshire but is in another Compact State**, you received notification that your New Hampshire Nursing License was inactivated on January 1, 2006. In order to continue to practice nursing in New Hampshire, you must hold a current/active multi-state nursing license in the Compact state in which you reside. This license allows you to practice nursing in New Hampshire and the other Compact states.
- **If your primary residence is not in New Hampshire and you reside in a non-Compact state**, and you wish to continue to practice nursing in New Hampshire, you must maintain a current/active single state license through the New Hampshire Board of Nursing. This license will allow you to practice nursing in the state of New Hampshire.

Does the Nurse Licensure Compact change requirements for licensure in New Hampshire?

No. In order to obtain a New Hampshire license, whether you practice in New Hampshire or in another compact state, you must meet all the continuing education and "active in practice" requirements currently described in the law. You must have earned a minimum of 30 continuing education contact hours in the past 2 years and have been "active in practice" for a minimum of 400 hours in the past 4 years. You must also submit a criminal background check to the NH State Police prior to your license renewal.

How does the Nurse Licensure Compact address the varying scopes of nursing practice in each state?

You must comply with the practice regulations of the state in which the care is provided. Any nurse who provides care to a patient in New Hampshire is accountable for complying with the practice laws and regulations that are described in the New Hampshire Nurse Practice Act and the Nursing Administrative Rules. If you reside in New Hampshire but provide care in another compact state, you must comply with the practice regulations of the state in which you provide care. This accountability is similar to the motor vehicle driver (driver's license compact) who must obey the driving laws in the state where he or she is driving. In fact, all nurses are accountable for this; it is not unique to the Nurse Licensure Compact. Keep in mind that nursing practice is not limited to patient care, and includes all nursing practice as defined in each state's practice laws.

Are advanced practice registered nurses (ARNPs) included in the Nurse Licensure Compact?

No, advanced practice nurses are not included in the New Hampshire Nurse Licensure Compact legislation. See additional information on the NH Board of Nursing web site about ARNP license regulations and the compact.

Are Licensed Nursing Assistants (LNAs) or Medication Nursing Assistants (MNAs) included in the Nurse Licensure Compact?

No, LNAs and MNAs are not included in the compact.

Will NH continue to issue temporary licenses to new graduate nurses and to nurses applying for NH license by endorsement?

Yes, NH will continue to issue temporary licenses. However, all temporary licenses issued by NH will be single-state licenses allowing the individual to practice only in New Hampshire for a maximum of 120 days.

ESPECIALLY FOR EMPLOYERS.....**How will an employer know if a nurse's license is valid?**

As it is under single-state licensure models, it is the responsibility of the employer to verify licensure at all significant times of change in status of nurses they employ. To validate expiration date and discipline information for a New

Hampshire licensee, please utilize the online verification tool on our website, located at: www.nh.gov/nursing. Information about whether a licensee holds a multi-state or single-state license, an employer can electronically access the national licensing data information system called **NURSYS** at www.nursys.com. There is a \$5.00 fee for this service. Payment must be made by credit card.

To validate a non-resident multi-state license, please contact the jurisdiction in which the license is held, and follow the verification process for that jurisdiction. Web sites for all jurisdictions can be accessed through the National Council of State Boards of Nursing at www.ncsbn.org.

Information about whether a licensee holds a multi-state or single-state license in New Hampshire or another compact state, an employer can electronically access the national licensing data information system called **NURSYS** at www.nursys.com. There is a \$5.00 fee for this service. Payment must be made by credit card.

What about a licensee who has been disciplined by a Board of Nursing?

A licensee is only eligible for a multi-state license if the person's license is in "good-standing". If a nurse has been disciplined and is working under a settle agreement with stipulations, the nurse is only eligible for a single-state license.

How do you know if a license is in "good-standing"?

Licensees and employers can verify discipline status at www.nh.gov/nursing. Employers can verify licensure for individuals licensed in other compact and non-compact states at www.nursys.com. There is a \$5.00 fee for this service for employers. Payment must be made by credit card.

What about licensees who are currently enrolled in the "Road to Recovery" program in New Hampshire?

Licensees enrolled in the Road to Recovery program in NH will most likely be granted a single state only license that allows practice only in NH. However, there may be circumstances in which another compact state will agree to allow the licensee to practice in a different compact state.

What additional information should employers know about the "compact?"

In addition to making sure that each nurse who is employed by you is properly licensed, it is incumbent upon employers to make sure that each nurse practices within the scope of practice defined in the NH Nurse Practice Act, the Administrative Rules, and the Clinical Practice Advisories issued by the Board. Providing information about the scope of practice in NH to individuals who are licensed in another compact state will be essential to assure safe practice. The Nurse Practice Act, the Administrative Rules, and the Clinical Practice Advisories can all be found on the Board of Nursing web site.

Employers must also be aware that nurses who practice in your NH based facility and are licensed in another compact state have not met the NH requirement of requesting a criminal background check from the NH Division of State Police. If this is a condition of your employment, you cannot rely on the Board of Nursing to have reviewed this document, and you must request documentation yourself.

- **For additional up to date information on the Nurse Licensure Compact and how it affects your license, go the Board of Nursing web site, www.nh.gov/nursing and the National Council of State Boards of Nursing web site, www.ncsbn.org.**

Day of Discussion - June 7, 2006
SAVE THE DATE!
MORE INFORMATION WILL SOON BE AVAILABLE ON THE BOARD OF
NURSING WEB SITE
Winnepesaukee Exposition Center, 48 Elm Street, Laconia, NH 03246

Conference Objectives:

- To explore issues confronting nursing in New Hampshire
- To learn about best practices for enhancing quality, safety, and cost containment
- To create opportunities to develop strategies for successfully confronting the future of health care in New Hampshire.

Call for Abstracts

The planning committee for the **2006 NH Board of Nursing Day of Discussion** invites you to submit an abstract describing best practices in New Hampshire health care facilities that are transforming the health care work environment, improving patient safety, contributing to work satisfaction of nurses, enhancing quality of care, and addressing costs of health care.

Abstracts should describe lessons learned and issues faced in implementing and sustaining best practices in NH health care facilities. Abstracts may include work in progress, as well as completed projects. Selected abstracts will be allotted a 20-minute time slot for an oral presentation, or will be granted a table for poster presentation.

Abstract Format:

- Abstracts must include background information, description of best practice, evaluation methods, outcomes, and recommendations.
- Abstracts must be one-page, typed in 12-point font, Times New Roman, single spaced.
- The title must be in CAPITAL LETTERS on the first line.
- Author and co-author names with credentials and institution follow the title.
- Preferred contact information for author/co-authors follows (email or telephone).

Please indicate whether you prefer podium or poster presentation, or whether you are willing to do either.

Due Date:

Abstract must be postmarked, faxed or emailed no later than **April 1, 2006**. Authors will be notified by the end of April. Send one-page abstract along with completed Contact Information page to:

Judith A. Evans, RN, EdD
New Hampshire Board of Nursing
21 South Fruit Street
Concord, NH 03301
FAX: (603) 271-6605 Phone: (603) 271-3822
Email: jevans@nursing.state.nh.us

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TDD Access: Relay NH 1-800-735-2964

Nursing 603-271-2323

Nurse Asst. 603-271-6282

DISASTER RESPONSE DATABASE FOR NURSING PROFESSIONALS

Dear New Hampshire Nursing Licensee,

Recent local, federal and international disasters have been painful reminders of the critical role for healthcare response. In a mass casualty incident or other public health emergency, including an influenza outbreak, nursing professionals are essential for caring for sick and wounded, dispensing medications, vaccinating large numbers of people, and educating an unsettled public. Many nurses are willing and eager to lend a hand at times of such need. But, a system must be in place in advance in order to identify available nursing personnel and make the most effective use of their skills.

The New Hampshire Board of Nursing has designed a database of nursing licensees interested in volunteering in the event of a disaster. This database will become part of the state and national Emergency Systems for Advance Registration of Volunteer Health Professionals (ESAR-VHP) program. The database, a pilot project for NH ESAR-VHP, will be used to identify qualified individuals, to effectively utilize their critical skills, and to share that information with other agencies and organizations involved in a coordinated response to a disaster.

The Disaster Response Database for Nursing Professionals in NH ESAR-VHP will help responding agencies and organizations identify and contact LNAs, LPNs, RNs and ARNPs at the time of a crisis. These volunteers may be asked to provide assistance at hospitals or other facilities, perhaps outside their place of employment, in the case of a state-declared emergency or public health crisis. Being a volunteer on this list does not obligate a nursing licensee to respond, that is a willing decision made at the time of each event.

If you would like to be listed in the database as a nursing professional interested in responding to a disaster, please provide the information in the enclosed application and return it to the NH ESAR-VHP Coordinator (address noted at the end of the application). You may also obtain the application by accessing the link at the NH Board of Nursing website: <http://www.nh.gov/nursing/>.

The NH ESAR-VHP will share the database information only with other state agencies or disaster organizations. If you wish to contact these groups directly, see the information on the attached list of disaster response organizations. If you have already volunteered for these or any other disaster response group, please let us know the name of the group in question #3. Your signature on the last page of this application indicates your authorization to release the required information to the NH ESAR-VHP Program and to participating organizations. It also indicates that you have read the documentation and understand all of the information provided in the application.

If you have any questions about this project or the application, please contact Curtis Metzger, the NH ESAR-VHP Coordinator at the Bureau of Emergency Management at cmetzger@nhoem.state.nh.us.

Thank you for your serious consideration of this important project.

Sincerely,

Margaret Walker, MBA, RN
Executive Director
NH Board of Nursing



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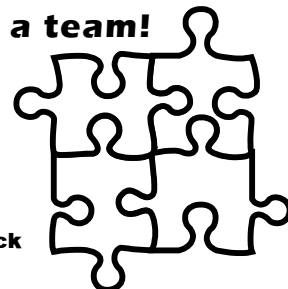
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State of New Hampshire
Emergency Systems for Advance Registration of Volunteer Health Professionals - Nursing Application
(Please Print – *starred information is required*)

1. PERSONAL INFORMATION

*Last Name: _____ *First Name: _____ MI: _____
*Home Mailing Address: _____
*Home Phone _____ *Work Phone _____ Cell Phone _____
Beeper _____ *Email address _____
*Date of Birth: ____/____/____ *Social Security Number: ____/____/____

2. PROFESSIONAL INFORMATION

*NH Professional License Number(s): APRN _____ RN _____ LPN _____ LNA _____ \\
License Expiration Date(s): APRN _____ RN _____ LPN _____ LNA _____
*List other states of licensure/expiration date: _____ *DEA # (if applicable): _____
*Current Practice: Clinical Setting _____ Supervisor Name: _____
*Name of Primary Employer/Organization _____ Start Date: _____
* Address of Primary Employer: _____

3. EDUCATION AND TRAINING

Highest Degree Earned: Diploma Associate Degree Baccalaureate Master's Doctor of Nursing
Institution: _____ City/State: _____ Year Graduated: _____

*Other disaster preparedness groups you currently volunteer for: Medical Response Corps ____; Civil Air Patrol ____; National Nurse Response Team ____; NH Public Health Network ____; Disaster Medical Assistance Team ____; Disaster Behavioral Health Response Team ____; American Red Cross ____; NH Strike Team ____; Military Reserve ____; State Citizens' Corps Council ____; Community Emergency Response Team ____; Other (specify) _____

4. EXPERTISE

- Indicate below **ALL** areas of practice in which you are competent (and licensed, as applicable) to perform.
- Indicate **ALL** nursing assessments and care delivery skills in which you are competent.
- Indicate which certifications you currently have acquired.

Areas of Practice		Competencies		Certifications	
	Pediatrics		Orthopedic Care		ACLS
	Critical Care		Chemoprophylaxis		BCLS/CPR
	Adult Medical / Surgical		General Medical / Surgical Care		ADLS
	Trauma		General Trauma Care		BDLS
	Peri-Operative Care		Neuro Trauma Care		First Aid
	Anesthesia		Inhalation Therapy		EMT: B / I / P
	Diabetes Care		Burns		CCRN
	OB / GYN		Counseling		CEN
	Psych / Mental Health		Psychosocial / Mental Health Care		ENPC
	Emergency Room	Oral Medication Administration	Urinary Catheterization and Care		PALS
	Ambulatory Care				TNCC
	Community Health	Injectable Medication Administration	Cardiac Arrhythmia Interpretation		HAZ-MAT Decon
	Hospice Care				HEICS
	Special Needs (specify): _____	Intravenous Medication Administration	Provide Patient Education		NIMS
	Supervisor Experience				ICS #:
		Nasogastric and Gastric Tube Feeding	American Sign Language		Red Cross DSHR #:
					Wilderness First Responder

Foreign Language (specify): _____

Military Training (specify): _____

Other (describe) _____

Volunteer #:

5. SKILLS DESIGNATION AND PATIENT ACUITY CHART

After reviewing the descriptions of situations below, check the color box(es) that **BEST** describe your preferred skill level(s) for assisting in a disaster response.

Situations	Blue	White	Green	Yellow	Red	Black
Patient acuity	Observation and comfort measures	Observation and comfort measures	"Walking wounded" and are third priority for care and treatment	Serious injuries and are second priority for treatment and transport	Life-threatening injuries and are first priority for care with immediate transport	End of Life / Hospice support
Types of injuries	No apparent injuries; "worried well"	No apparent injuries; "worried well"	Minor lacerations, minor fractures, minor injuries, minor burns and psychological trauma	Hemodynamically stable. Moderate blood loss, head injuries (conscious), spinal cord injuries, burns or femur fractures	Hemodynamically unstable. Life-threatening respiratory problem, severe blood loss, unconsciousness, severe shock	Terminally ill (in the dying process), provide terminal / supportive care only
Type of Nursing Professional	LNA	LPN, RN*, APRN*	RN, APRN	RN, APRN	RN, APRN	LNA, LPN, RN, APRN
Types of skills required for immediate hospital emergency response	As delegated by the supervising licensed nurse Basic vital signs, oxygen administration, wound care, feeding tubes, blood glucose monitoring, reminding patients to take medications, and transcribing medical orders	Basic vital signs, psychosocial intervention, family support, oral medication administration, documentation Works under supervision of a hospital-based registered nurse	Ability to triage, prioritize patients and care issues Ability to provide care for up to 6 patients in the Green category including vital signs, reassessment, medication administration and discharge	Ability to triage, prioritize patients and care issues Ability to provide care for 4 to 6 patients in the Yellow category including vital signs, reassessment, medication administration and discharge	Ability to triage, prioritize patients and care issues Ability to provide care for up to 2 patients in the Red category including vital signs, reassessment, medication administration and discharge	Ability to provide supportive and comfort care

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Term expires - 5/10/2006

Martha Danderson, MBA, BS, RN
Term expires - 5/10/2007

Kristine Day, RN, C
Term expires - 5/10/2007

Robert Duhaime, RN
Term expires - 5/10/2006

Sharon Dyer, LPN
Term expires - 11/16/2006

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Term expires - 5/10/2006

Brenda L. Howard, LNA
Term expires - 10/24/2007

Linda M. Morel, LNA
Term expires - 10/24/2007

Mertie Potter, ND, ARNP, CS
Term expires - 5/10/2007

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Kathy Crumb
Secretary II Ph. Ext. 313

Joann Seaward
Secretary II Receptionist

Linda Audette
Accounting Technician Ph. Ext. 305

Volunteer #: _____

6. TYPE OF RESPONSE

Mark "X" in the each box corresponding to the type of response(s) you would be willing to volunteer for:

Natural Disaster	Infectious Disease	BioTerrorism	Mental Health	Environmental Hazards	Support Other Responders	Staff to Fill in for Those Responding to a Disaster

7. DISTANCE OF RESPONSE

*How far within the state would you be willing to travel?

_____ local community
 _____ within 100 miles
 _____ anywhere in state

*Would you consider volunteering outside of NH in a major disaster event?

_____ States within the Northeast
 _____ Any US states
 _____ Only within NH

8. DURATION OF RESPONSE

*For what period of time would you consider volunteering?

_____ a few days _____ a week or two _____ several weeks _____ as long as needed

9. LICENSE STATUS

*Have you ever had a civil or criminal conviction in federal or state court, or had any adverse federal or state licensing actions, or been excluded from participating in federal or state health care programs?

_____ Yes _____ No

*Are you currently the subject of a pending complaint, investigation, charges or disciplinary action?

_____ Yes _____ No

Prior to reading and signing the statement below, please ensure that your application is complete, and that you have read all the information.

ACKNOWLEDGEMENT: I attest that to the best of my knowledge, the information provided in this application is correct and accurate.

I understand that this information will be contained in a central, secure database administered by the New Hampshire Emergency Systems for Advance Registration of Volunteer Health Professionals (ESAR-VHP) Program and that it will be made available in electronic format to participating organizations for purposes of contacting me in case of a state of emergency or public health crisis. Depending on need and availability, although I have volunteered, I understand that I may not be included in the volunteer database.

I understand that I retain the right to refuse to volunteer for any reason.

I understand that it is my responsibility to coordinate my volunteer time with my employer or non-paid obligations relative to emergency response if the time I have been asked to volunteer conflicts with my work schedule and/or other emergency response obligations.

I agree to abide by the emergency protocols at the agency, institution or designated emergency site of care where I am assigned, as communicated to me by the Incident Commander or supervisor in charge.

WAIVER AND RELEASE: I recognize that responding to a disaster incident or public health crisis may carry a risk of personal injury. I further recognize that there are natural and man-made hazards, environmental conditions, diseases and other risks, which, in combination with my action, can cause injury to me, particularly in a disaster situation. I hereby agree to assume all risks, which may be associated with or may result from my participation in the program.

Volunteer #: _____

I further recognize that these program activities will involve physical activity and may cause physical and emotional discomfort. I state that I am free from any known serious health problems that could prevent me from participating in any activities associated with the program.

I understand that some organizations participating in the program may provide professional liability coverage and workers' compensation coverage for my work in connection with the program. I understand that it is my responsibility to clarify liability and workers compensation issues with the responsible organization.

I understand that the cost of any emergency or other medical care that I receive that is not covered under applicable workers' compensation benefits is my responsibility.

I agree to release and hold harmless the State of New Hampshire and its subdivisions, my employer, and any hospital, organizations, facility, institution or agency at which I volunteer in connection with the program, as well as each of their respective officers, employees, and agents from any and all liability, claims, demands, actions, and causes of actions whatsoever for any loss claim, damage, injury, illness, attorney's fees or harm of any kind or nature to me arising out of any and all activities associated with my participation in the program.

I have read and understand all documents enclosed in the application packet.

*Signature

*Date

Print Name

Street

City

State

Zip Code

RETURN THIS APPLICATION BY MAIL OR FAX TO

Curtis Metzger
Hospital Bioterrorism Coordinator
N.H. ESAR-VHP Coordinator
Bureau of Emergency Management
33 Hazen Drive (Mail)
Concord, N.H. 03305
Phone: 603-271-2231
cmetzger@nhoem.state.nh.us

Fax: 603-225-7341

Request from the National Council of State Boards of Nursing (NCSBN)

The National Council of State Boards of Nursing is planning to survey 20,000 randomly selected RNs beginning in 2006 in order to complete an analysis of professional nursing practice. The nursing professionals who respond to the surveys will be asked to determine the importance of each of the activities listed in the post-entry level nursing activity statements. If you are asked to participate, we strongly encourage you to complete and return it. This is your opportunity to impact nursing practice.

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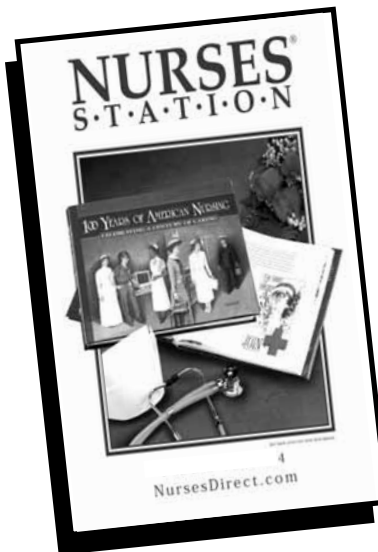
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or

Eileen Worcester, APRN, at 802-241-3127.

New Hampshire Board of Nursing Clinical Practice Advisories

July 2005-December 2005*

Board Advisory Date:	
June 16, 2005	<p>Is it within the scope of practice of Certified Nurse Midwives (CNM) to remove long-term contraceptive implants? Board Response: Yes. This activity is within CNM scope of practice to remove long-term contraceptive implants under Nur 305.01 (c) and (d).</p> <p>Is it within the scope of practice of nurse practitioners other than CNM's to remove long term contraceptive implants? Board Response: The Board affirmed that the scope of practice would be restricted to nurse practitioners who have had specific training and education associated with reproductive health, and have received appropriate training pursuant to Nur 305.01 (c) and (d) to remove long term contraceptive implants.</p>
August 18, 2005	<p>Can a RN carry out a telephone (verbal order) from a pharmacist that has reconciled a medication order with the provider? Can a RN carry out an order that was re-written by the pharmacist after the original order was reconciled by the pharmacist with the provider? Can a nurse carry out an order for a medication that has been determined in the formulary to be a substitute by the pharmacist? Board Response: The Board reaffirmed its June 2005 advice regarding verbal orders: Verbal medication orders should only be received directly from the provider, or the order can also be faxed to the nurse for inclusion of date/time/provider signature.</p>
August 18, 2005	<p>Is it within the scope of practice for a RN to read a chest x ray to confirm placement of a PICC line? Board Response: No. This is not within the scope of RN practice.</p>
August 18, 2005	<p>Should the nurse administer medications which residents bring into the facility, even with an MD order, when the containers are not sealed and no pharmacist is available to ensure that the contents are, indeed, what the label states? Board Response: The nurse must follow medication administration standards as well as comply with the facility policies and procedures.</p>
August 18, 2005	<p>JCAHO requires that a pre-induction/pre-moderate sedation assessment be performed. Is it within the scope of practice for a Registered Nurse to perform the pre-induction airway assessment? Board Response: No. It is not within the scope of practice of the RN to complete pre-induction airway assessment.</p>
August 18, 2005	<p>Are the following activities within the ARNP scope of practice?</p> <ul style="list-style-type: none"> • Facet Joint injection, lumbar • Facet Joint injection, cervical • Transforaminal epidural injection, lumbar or sacral • Sacroiliac joint injection • Destruction by neurolytic agent, paravertebral facet joint nerve, cervical or thoracic • Destruction by neurolytic agent, paravertebral facet joint nerve, lumbar • Epidural steroid injection, lumbar • Epidural Steroid injection, cervical • Percutaneous implant of neuro stimulator electrode array, epidural <p>Board Response: The above interventions are within the Certified Registered Nurse Anesthetist (CRNA) scope of practice provided that the provisions of Nur 305.01 (c) and (d) are met.</p>
August 18, 2005	<p>Is Intense Pulse Light (IPL) therapy within RN scope of practice? Board Response: Yes. IPL therapy is within RN scope of practice with advanced training under Nur 305.01.</p>

August 18, 2005	<p>In the event a ARNP is awaiting recertification (ie: the national certification required for ARNP licensing has expired) could a MD sign the ARNP notes, etc and the ARNP be “legal” from the BON perspective?</p> <p>Board Response: No. if the ARNP’s national certification has lapsed, the ARNP no longer meets licensing requirements.</p>
August 18, 2005	<p>If an ARNP sees a patient who needs a physical exam for a federal agency that explicitly states the exam must be from a MD only, would the ARNP be practicing legally from the NH Board of Nursing perspective if the ARNP did the PE and a MD either signed or cosigned the exam?</p> <p>Board Response: The NH Board of Nursing has no jurisdiction over organizational policy (such as the requirement for a MD to sign the physical examination form). The ARNP must refer to and practice within federal and/or facility based requirements. It is within the scope of practice for the ARNP to complete a physical exam.</p>
September 15, 2005	<p>Is it within the scope of practice for an ARNP to write prescriptions for oneself or family members?</p> <p>Board Response: The Board adopted the recommendation made by the ARNP Liaison Committee and advised that it is not within the scope of practice of an ARNP to write prescriptions for self or for family members.</p>
October 20, 2005	<p>How does the Board define direct vs. indirect supervision?</p> <p>Board Response: The board affirmed a previous definition that direct supervision refers to having the supervisor in close proximity to the licensee either in the same room or the same building. Indirect supervision requires the supervisor to be readily accessible but not necessarily on the floor or in the building. Thus, having telephone communication with a supervisor who is available to assist in an identified problem would meet the definition of indirect supervision.</p>
October 20, 2005	<p>Is it within the scope of practice for a LNA to insert an indwelling foley catheter?</p> <p>Board Response: No. The board re-affirmed its previous ruling that it is not within the scope of practice for a LNA to insert an indwelling foley catheter.</p>
October 20, 2005	<p>In emergency departments, nurses use ED protocol orders to expedite patient care prior to provider evaluation. The protocol orders may include such items as x-rays, labs, EKG, oxygen and fever management medication. The protocols are a result of collaborative practice and are approved by the ED physician group. When the protocols are initiated, the ED physician or LIP may sign the order at the time the order is initiated or after evaluating the patient. Does this generally accepted practice meet the intent of the NH State Board of Nursing?</p> <p>Board Response: The board opined that the use of protocols in the emergency department as described in this question is within the scope of practice of the RN.</p>
October 18, 2005	<p>Question from the Mississippi Board of Nursing: Is deployment of vascular closure devices (e.g, Angioseal) within the RN’s scope of practice? If so, what stipulations and/or restrictions, if any, are applicable?</p> <p>Board Response: No. This is not within the RN scope of practice.</p>
October 18, 2005	<p>This question is about paracentesis. The physician starts the procedure and then leaves. He tells the nurse to change the bottles until the flow stops and then to discontinue the needle. Is this within our scope of practice?</p> <p>Board Response: No. This is not within RN scope of practice.</p>
November 17, 2005	<p>RNFA scope of practice posed by the West Virginia BON:</p> <p>Can the RNFA harvest veins in your jurisdiction?</p> <p>Board Response: Yes. This practice is within scope of practice of RNFA with appropriate competencies under Nur 305.01.</p> <p>Can they do this if physician is not in room?</p> <p>Board Response: No.</p> <p>What if physician is not in room but at scrub sink just outside door?</p>

	<p>Board Response: No.</p> <p>If surgeon must leave room during procedure to assist in operative emergency, can RNFA continue with permitted skills intraoperatively if directed by physician and physician remains within surgical suite?</p> <p>Board Response: No.</p> <p>If there is emergency during immediate post-op period can RNFA begin reopening once physician is paged to return to OR?</p> <p>Board Response: No.</p>
November 17, 2005	<p>Can LPNs perform IUI's (Intrauterine Inseminations) in a fertility setting under the direct supervision of a trained RN/Physician?</p> <p>Board Response: This practice is not within scope of practice of LPN.</p>
November 17, 2005	<p>Can nurse transcribe telephone orders from a pharmacist?</p> <p>Board Response: The Board reaffirmed that it is not within RN scope of practice to transcribe telephone orders from a pharmacist.</p>
November 17, 2005	<p>Is it within scope of practice of LNA to administer Nystatin mouthwash to patient to "rinse and spit out?"</p> <p>Board Response: It is not within LNA scope of practice to administer Nystatin mouthwash.</p>
November 17, 2005	<p>Is it within the scope of practice of the RN to delegate medication administration to a hospital employed paramedic in the Emergency room or Critical care setting? The Nursing Administrative Rules 404.06 (b) (2), (e) (1), and (g) (4) indicate that delegation is appropriate when the patient is stable, the care is not complex, and the delegate is supervised. Based on the written rules and their intent, the appropriateness of delegation of medication administration or other care issues by the licensed nurse to unlicensed personnel appears prohibited when caring for unstable, complex care patients.</p>
December 15, 2005	<p>Is it within the scope of practice of the LPN or RN to instill 2% lidocaine gel into the patient's urethra undergoing a cystoscopy procedure if the nurse is trained by the surgeon?</p> <p>Board Response: This practice is within the scope of practice of the LPN or RN with appropriate competencies under Nur 305.01.</p>
December 15, 2005	<p>This question was raised following the Board's November 17, 2005 advisory regarding the scope of practice of RNFA's.</p> <p>Is it within the scope of practice of the RNFA to suture an operative site if the surgeon is no longer in the operating room?</p> <p>Board Response: Yes. It is within the scope of practice as long as the surgeon is available.</p>
December 15, 2005	<p>Can a LPN administer Rituxan intravenously?</p> <p>Board Response: No. It is not within LPN scope of practice to administer Rituxan.</p>
December 15, 2005	<p>Is it within the scope of practice for a nurse to push IV fentanyl for pain control in both pregnant and non-pregnant patients?</p> <p>Board Response: Yes. It is within the RN or LPN scope of practice to push IV fentanyl for pain control.</p>

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HEALTHSOUTH

Board Actions

At its March 20, 2003 meeting. Board members voted not to publish names of individuals involved in disciplinary actions. Names can be obtained by calling the Board office. The Board further voted Reprimands will no longer be posted in the Newsletter. Any questions please call Susan Goodness at the Board office, (603) 271-2323.

LICENSE NUMBER	BOARD ACTION	DATE OF ACTION	TERM OF ACTION	City/State of last known employer	ACTION CAUSING DISCIPLINARY ACTION
011564-22	Voluntary Surrender of Licensure	7/18/2005		Milford, NH	Non-compliance with the October 30, 2003 Settlement Agreement
008723-22	Removed Probation and conditions & restrict.	8/18/2005			
047035-21	Denied petition for Rehearing	8/18/2005			
013200-22	Reciprocal discipline with Vermont	8/18/2005	1 yr	Vermont	
044080-21	Removed probation and all stips & conditions	8/18/2005			
012620-22	Denied reinstatement of licensure	8/18/2005			
011389-22	Reprimand w/conditions & restrictions	8/18/2005		Ossipee, NH	Admitted failed to properly record medications that had been refused or not fully consumed by patients. Respondent states that she did not intentionally or fraudulently record the information, but admits that the information she recorded was incorrect
049842-21	Probation removed	9/15/2005			
023011-21	REVOKED	10/20/2005		Manchester, NH	Failure to comply with the restrictions and conditions as stipulated in the January 27, 2005 Settlement Agreement
052976-21	Suspension - reciprocal discipline	11/17/2005	1 year		Pursuant to RSA 326-B:37 II (f) The Board may discipline a licensee... "If a nurse's license to practice nursing or a multi-state privilege or another health care related license or other credential has been denied, revoked, suspended, or restricted, or the licensee has been otherwise disciplined in this or any other state."
026050-21	Probation removed	12/16/2005			
018482-24	Voluntary Surrender	6/16/2005		Vernon VT	Admitted to addiction to Oxycontin; altering an old prescription for self and attempted to procure the medication from a pharmacy
001173-24	Probation	6/16/2005	1 yr	Lebanon, NH	Admitted to placing a patient's \$110.00 in cash in Licensee's own pocket in the course of administrative responsibilities in the emergency room
030374-24	Revoked	8/18/2005			Failing to comply with the November 18, 2004 Board letter of conditions and registering with NCPS Respondent engaged in a violation of RSA 326-B:12 II (c) unprofessional conduct..., or violating disciplinary orders or settlement agreements approved by the board
025314-24	Denied Reinstatement of licensure	8/18/2005			

Interviews Needed For The 100th Anniversary

Do you know a nurse's story? 2007 will mark our 100th year at the NH Board of Nursing. We are planning a book of interviews for sale with the proceeds to be used for nursing education scholarship as part of our celebration. We are busy planning for 2007 and hope you can be a part of this historical event.

We have begun to compile interviews from nurses who have contributed to NH history and need your help with this project. We want to hear about nursing experiences in all settings from 1907 to the present. You may recall a story from your grandmother or wish to share your own experiences.

In addition, NH has a rich history of community hospitals that had nursing programs. If you know of or are a graduate from a NH nursing school, please consider sending an interview. Please call or email Margaret Walker at 271-0741 or mwalker@nursing.state.nh.us for an interview template. We want all of you to have a part in the celebration.

Duplicate Licenses

Licenses reported lost, stolen or never received and/or duplicate licenses issued (RN, LPN, ARNP, LNA) for the period of 7/1/05 - 12/31/05

Registered Nurses

Baldwin, Elizabeth	045839-21
Bambushew, Valerie	027524-21
Barnett, Karen	036166-21
Bartlett, Lynne M.	043956-21
Bergeron, Renee A.	045105-21
Besecker, Susanne J.	032918-21
Biebel, Stephanie L.	055173-21
Black, Melissa	045500-21
Browning, Nancy May	009272-21
Burke, Lauren M.	046446-21
Carpenter, Maggie S.	053331-21
Carroll, Mary Ann	054181-21
Cash-Rondeau, Marian	023625-21
Castle, Carol T.	031000-21
Chabot, Lynn Marie	052097-21
Clark, Kit Raymond	047303-21
Cox, Monica R.	043483-21
Damon, Jessica M.	052204-21
Daniel, Marita	054869-21
Daugherty, Nancy M.	049727-21
Dawson, Leslie H.	031426-21
Dinneen, Sarah	052354-21
Dixon, Carol A.	049350-21
Dockery, Kellyann	032734-21
Dunkley, Alex	050887-21
Elacqua, Jill	023198-21
Emmons, Jennifer	027117-21
Enman, Lisa M.	049176-21
Faulkingham, Rebecca	045139-21
Faulkner, Wendi J. F.	055297-21
Field, Kimberly	046527-21
Francoeur, Margaret M.	008246-21
Fraser, Patricia C.	018940-21
Gilgore, Beth	050300-21
Gokuldharm, Jaspark I.	053686-21
Golding, Susan	054803-21
Graves, Roberta U.	042772-21
Guilbert, Agnes C.	012867-21
Guilfoyle, Robin T.	046142-21
Hermosura, Tisha	054605-21
Hogan, Joan	031772-21
Hudson, Jane A.	055280-21
Hyde, Wilma	042725-21
Jacobs, Marie D.	055097-21
Jardine, Carrie M.	053016-21
Kenison, Mary E.	036354-21
Lamontagne, Ronald	023506-21
LeBlanc, Thelma M.	029520-21
Lollis, Frederique A. T.	049325-21
Loomis, Julie	051965-21
Lynch, Nancy J.	035384-21
MacNeil, Richard	042328-21
Malloy, Mark J.	052842-21
McCarthy, Nancy J.	034876-21
McKinney, Ty Randall	051482-21
Meyer, Carolyn T.	037631-21
Miller, Kati J.	054886-21
Moore, Mary D.	030700-21
Morse Slocum, Jill	044272-21
Mott, Diane	031957-21
Murdough, Brenda L.	026093-21
Murphy, Ann Margaret	050207-21

Nickulas, Amy J.	052183-21
O'Connor, Phyllis J.	033589-21
O'Driscoll, Corey	037830-21
Oliveiri, Suzanne	051798-21
Patzel, Lynne K.	053302-21
Pelletier, Tina L.	055372-21
Peters, Denise K.	054735-21
Pollack, Jessica	050555-21
Pomeranz, Joanne	043591-21
Pratt, Jennifer G.	027750-21
Preston, Lisa S.	051566-21
Reinecker, Lynn	045600-21
Riforgiato, Margaret Mary	035002-21
Rivera, Theodore T.	054136-21
Robinson, Janice	031856-21
Samuels, Beryl	054693-21
Saunders, Mary Ann	053893-21
Schneider, Lynn	020850-21
Schwab, Paige	055327-21
Shinners, Kathleen	027288-21
Sjoblom, Janice	023989-21
Soucy, Sarah	042114-21
Starring, Sadie R.	055353-21
Steele, Molly	054901-21
Stucki, Alexis Kendrick	049213-21
Sullivan Collopy, Kate	027498-21
Szacik, Cheryl A. P.	046640-21
Tremblay, Cynthia	023221-21
Waine, Kathleen L.	027753-21
Walsh, Michelle	036230-21
Woolf, Zoe Beth	055045-21
Yunghans, Sharon	055108-21
Zielfelder, Shawna	055175-21

Advanced Registered Nurse

Practitioners:

Adler, Sharon	053759-23-01
Buckley, Holly B.	037981-23-05
Burke, Lauren M.	046446-23-10
Hyde, Wilma	042725-23-02
Kenison, Mary E.	036354-23-03
Lamontagne, Ronald	023506-23-05
Moore, Mary D.	030700-23-04
Pollack, Jessica	050555-23-03
Pomeranz, Joanne	043591-23-03
Riforgiato, Margaret Mary	035002-23-05
Saunders, Mary Ann	053893-23-06
Steele, Molly	054901-23-01

Licensed Practical Nurses:

Barnes, Eileen M.	010990-22
Farnsworth, Sandra	010325-22
Florence, Tonia	009818-22
Furlong, Catherine	005622-22
Goudreau, Lois J.	009869-22
Hall, Carol	009483-22
Moreau, Krysta Marie	012709-22
Murphy, Kelly J.	012504-22
Othot, Joyce	063600-22
Tamulonis, John	010875-22
Ulbin, Nancy L.	012674-22

Licensed Nursing

Assistants/Medication Nursing

Assistants:

Abrahams, Carrie B.	028938-24
Adams, Brandy	032012-24
Baillargeon, Kristy	023922-24

Barbagallo, Crystal	028265-24
Bernardo, Bill A.	026781-24
Berwick, Francis	000604-24
Bessen, Rebecca	018808-24
Binning, Margaret	009220-24
Blodgett, Rebecca L.	029952-24
Bohuslaw, Crystal	028177-24
Boucher, Brittany	030451-24
Burnor, Monica C.	021025-24
Campbell, Susan J.	026118-24
Clarke, Linda M.	028398-24
Collins, Sherrie	017411-24
Corbin, Melissa	028251-24
Crowell, Brenda	005014-24
DeCoste, Elizabeth A.	028578-24
Dinan, Lisa	016511-24
Dion, Janice M.	011596-24
Dole, Gertrude	001941-24
Dusseault, Cindy	000374-24
Ela, Cynthia O.	003251-24
Entrekin, Erin	030581-24
Estabrook, Katherine	031610-24
Fiasconaro, Karyn	031136-24
Fortier, Grant	029469-24
Fulleston, Stephanie	030136-24
Gandarilla, Katie R.	024433-24
Girard, Amy	009130-24
Griffin, Melissa	027299-24
Haley, Jennifer	027624-24
Hayes, Anna J.	031438-24
Herrick, Courtney R.	031153-24
Howe, Catherine	004203-24
Jones, Tina L.	029675-24
Kelso, Susan	018312-24
Lawrence, Monica	014603-24
Linnehan, Sarah E.	029125-24
Lopez, Carmen M.	029694-24
McCarthy, Cheryl	021263-24
McEwan, Shannon	020089-24
Monahan, Denise	031611-24
Morris, Jennifer E.	030367-24
Murphy, Alyce N.	032307-24
Mustapha, Kimberly	029411-24
Nault, Melissa	029091-24
Nepveu, Stephanie L.	031671-24
North, Jamie L.	029704-24
Orleans, Raymonde	030146-24
Parent, Megan A.	030061-24
Preble, Patsy	025298-24
Reed, Melissa	031992-24
Reid, Dahlia	002797-24
Richards, Sheila M.	013831-24
Rioux, Carrie	030891-24
Robinson, Marion	003923-24
Rose, Kimberly	023863-24
Ryefinch, Kim	025894-24
Sayer, Iesha J.	022520-24
Scavo, Peggy	008842-24
Smith, Joy	004204-24
Tandoh, Thomas	029102-24
Thibeault, Shari	002953-24
Torres, Jose	031982-24
Vasselian, Deborah	024694-24
Walker, Jodi-Lynn	025873-24
Warman, Barbara J.	017217-24
Wilcott, Dawn	021342-24
Young, Elizabeth J.	030906-24

Licensed Nursing Assistant Conference

May 24, 2006
8:30 am - 4:00 pm

Winnepesaukee Exposition Center

48 Elm Street, Laconia, NH 03246

Conference Schedule

7:30-8:30: Registration
8:30-8:45: Welcome
8:45-9:45: Challenging Behavior: Recognizing Triggers and Developing Care Strategies for Persons with Dementia
9:45-10:30: Break
10:30-11:30: Understanding the Importance of Cultural Competence Using Practical Application
11:30-1:00: lunch (included)
1:00-2:00: Care of Patients at End-of-Life
2:00-2:30: Break
2:30-3:30: Depression In The Older Adult...Can You See It?
3:30-4:00: Board Q&A Panel
4:00 pm: Distribution of Contact Hour Certificates

Speakers

Jo Ann Jordan, RN, MEd, is back by popular demand and will provide valuable insights into the management of patients with dementia.

Bobbie Bagley, RN, BSN, MPH, will discuss the importance of cultural competence in the delivery of health related services with special emphasis on self-awareness and cross-cultural communication.

Mertie Potter, ND, APRN, BC, will discuss risk factors, symptoms, compounding illnesses, and treatments associated with depression.

Mary Kazanowski, PhD, APRN, BC, will explore the provision of care and management of symptoms in patients at the end-of-life.

Linda Morel, LNA, **Brenda Howard**, LNA, MNA, **Mertie Potter**, ND, APRN, BC, **Bob Duhaime**, RN, and **Gail Barba**, members of the NH Board of Nursing, will participate in a panel. This is your opportunity to ask LNA and MNA practice-related questions.

Contact hours: 5.4 (includes 1.2 contact hours applicable to MNA medication administration requirement for certificate renewal).

Directions

Directions to the Winnepesaukee Expo will be posted on the NH Board of Nursing website at: www.state.nh.us/nursing

Or, call the Winnepesaukee Expo Center for directions at: 528-2385.

Registration: Please print clearly:

Name:

Employer/Facility Name:

Home Phone:

Title: Please check:

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Registration Deadline: May 16, 2006

Registration is limited to 300 with preference to LNA's & MNA's

Cost: \$45.00 For LNA's (& MNA's)

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EDUCATION PROGRAMS: BOARD ACTIONS

Program	Program Coordinator	Board Action
August 18, 2005		
Mountain View Nursing Home LNA	Nancy Wiggin	Initial Approval
Riverside Rest Home - LNA	Diane Vashey	Continued Approval
VNA Alliance of VT & NH - LNA	Linda Cullen	Continued Approval
Edgewood Centre - LNA	Miriam Pelletier	Continued Approval
Plymouth Reg. High School Health Occupation Program - LNA	Diane Roberts	Continued Approval
Coos County Nursing Hospital MNA	Roxanne Parisi-Graves	Continued Approval
Skill Med Services, Inc. - LNA & MNA	Bonnie McPhail	Approval Withdrawn, Program Closed
September 15, 2005		
Berlin High School Health Science Program - LNA	Judith Collins	Continued Approval
St. Joseph School of Nursing- RN Associate Degree Program	Barbara Provencher	Board Review/ Continued Approval
NHCTC: Manchester/ Stratham - RN	Lisa McCurley	Separation of campuses approved by Board
NHCTC: Berlin/ Laconia - RN	John Colbath	Separation of campuses approved by Board
NHCTC: Claremont/ Nashua - RN	Arlene Halsted (Claremont) Jeanne Hayes (Nashua)	Separation of campuses approved by Board
October 20, 2005		
Clinical Career Training, LLC - LNA	Melanie Hill	Continued Approval
Spaulding High School RW Creteau Reg. Tech. Center - LNA	Sharon Lewis	Continued Approval
Alvirne High School WH Palmer Voc Tech Center - LNA	Joanne Montenero	Continued Approval
Crotched Mountain Rehab Center – MNA	Mary Lou Moreen	3 Month Conditional Approval
Southern NH Medical Center – LPN IV Therapy Program	Michelle Williams	Full Approval
November 17, 2005		
Laconia High School JO Huot Tech Center – LNA	Mary Weigel	Continued Approval
Concord High School Concord Reg. Tech. Center – LNA	Denise Hargreaves	Continued Approval
Salem High School – Salem Vocational Center – LNA	Janine Parent	Continued Approval
Littleton High School Hugh Gallen Reg. Voc. Center - LNA	Gail Minor-Babin	Continued Approval
NHCTC: Laconia - LNA	Juliette Young-Traiger	Continued Approval
Merrimack County Nursing Home – MNA	Julia Jason	Continued Approval
Skill Med Services, Inc. – LPN	Bonnie McPhail	Approval Withdrawn, Program Closed
December 15, 2005		
Wolfeboro High School Region #9 Voc-Tech Center - LNA	Mary Wakefield	Continued Approval
Sullivan County Nursing Home - LNA	Patricia Henderson	Continued Approval
Crotched Mountain Rehab Center - MNA	Mary Lou Moreen	6-Month Conditional Approval

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From the Board Chair cont. from page 3

ARNP summit on the future of ARNP license categories. We will have the RN/LPN day of discussion and the LNA conference. We may also see some new faces from out of state as others use the compact to explore practice in NH.

Will there be challenges in 2006? As a mentor used to say, "Take a bite out of the reality sandwich." Yes, of course we will see challenges. In 2004 we had the criminal background checks forced on us but not for other health professions, and your costs went up as a result. The take-away message is, nurses can not afford to remain politically silent and believe others will "take care of those things." It just isn't so, ladies and gentlemen. I urge you to communicate with your legislators regularly. (See our last newsletter).

The lack of faculty at nursing programs continues to be a bottleneck in training students to meet the nursing shortage. I would like to see more nurses consider a full/part-time involvement in nursing education. I would also like to see our educational institutions tap into the vast resources of nursing expertise that many clinicians have gained through education and/or experience. I would like to see clinicians, educators, managers and leaders explore new and economically viable ways of helping each other in preparing future nurses. We also need additional flexible, reasonably-priced opportunities for educational advancement for all NH levels of nursing.

There are also opportunities for some of you to join the exciting work of the BON; we are looking for a motivated LPN to join the board and CRNA/ARNP to join the Liaison committee. Please give this serious consideration.

We live in amazing times. New knowledge, skills and advanced technology come into the nursing arena every month. It will be important for nurses who have these new skills to not only safely employ them in practice but also help managers, regulators and legislators understand how these advancements can help patients and can add to our understanding of the field of nursing. We learned lessons last year and, on balance, it was a very good year. Next year looks exciting also. I look forward to next

year, in part because I am thankful to be associated with all who are "NH nursing."

Happy New Year!

Congratulations!

Kudos to.....

Diane Tanner Curit, RN, Resident Care Director for Granite Ledges, who was named Geriatric Nurse Manager of the Year for the state of New Hampshire....

Sandra Doast, RN, who was commended by Judith Lindahl for her professionalism, competence, and compassion when she stopped at the scene of a motor vehicle to assist the injured.....

Martha Aguiar, RN, who was selected to serve as a member of the NCLEX-PN Examination Writing Session...

Wendy Wright, MS, ARNP, FAANP, who received recognition as a Fellow of the American Academy of Nurse Practitioners.....

Rebecca Field, ScD, who has chaired the Emergency Preparedness Committee of the Board of Nursing.....

All the faculty and staff of Skill Med Services, Inc, who provided education for practical nurse and nursing assistant students, frequently without being paid, so students could complete their studies....

All NH nurses who have volunteered to help in flooded areas around New Orleans, and in the flooded areas in the western part of New Hampshire.



New Licensing Regulations

At its October 20, 2005 meeting, the NH Board of Nursing voted to adopt the NCSBN "Permanent Bar to Certain Felonies." Felony crimes that will not be considered for *initial* licensure effective October 20, 2005 are as follows:

1. Murder
2. Felonious Assault
3. Kidnapping
4. Aggravated Robbery
5. Sexual Crimes Involving Children
6. Criminal Mistreatment of Children or Vulnerable Adults
7. Exploitation of Vulnerable Individuals

Please contact the Executive Director if you have questions regarding this decision at (603) 271-2323.

Returned Checks

The following licenses continue to be invalid due to insufficient funds.

Licensed Nursing Assistants

Bowen, Linda	023405-24
Clohecy, Erin	023860-24
Groccia, Jennifer	029703-24
Heiligenstadt, Lauren	029247-24
Liaschenko, Sarah	023609-24
O'brien, Daniel	032041-24
Rockwell, Paula	029544-24
Sanders, Suzanne	031176-24

Registered Nurses and Licensed Practical Nurses

Dechristofaro, Gail	040078-21
Giordano, Mary Ellen	012484-22
Havey-Wentworth	053711-21
Parker, Ronald	044943-21
Patry, Neil	050066-21
Perry, Angela	012160-22
Weibel, Lois Anne	024072-21

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MANCHESTER DIVISION

Please send resume and cover letter, indicating position of interest in the Manchester region, to: Human Resources Generalist, Dartmouth-Hitchcock Manchester, 100 Hitchcock Way, Manchester, NH 03104. Fax: 603-695-2923. E-mail: hрманchester@hitchcock.org

CONCORD DIVISION

Please send resume and cover letter, indicating position of interest in the Concord region, to: Human Resources Generalist, Dartmouth-Hitchcock Concord, 253 Pleasant St., Concord, NH 03301. Phone: 603-229-5202. E-mail: hrconcord@hitchcock.org

NASHUA DIVISION

Please send resume and cover letter, indicating position of interest in the Nashua region, to: Human Resources Generalist, Dartmouth-Hitchcock Nashua, 21 E. Hollis St., Nashua, NH 03060. Fax: 603-577-4296. E-mail: hrynashua@hitchcock.org

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**Office of the Long-Term Care
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Residents of Assisted Living
Facilities and Nursing Facilities
throughout the state**

The Office of the Long-Term Care Ombudsman (OLTCO) is a program mandated by both State and Federal law (42 U.S.C. 3058f and 42 U.S.C. 3058g) that receives, services, investigates and resolves complaints and problems experienced by elder residents of long-term care facilities. The Long-Term Care Ombudsman Program is a mandated program within the Older Americans' Act.

OLTCO serves as the intake/triage unit for other DHHS units with investigative responsibilities (BEAS Adult Protective Services and both the BHFA Certification and Licensing Units). All initial reports of concern related to problems experienced or complaints expressed by or on behalf of long-term care residents, including initial reports of abuse, neglect and exploitation or misappropriation, in nursing homes, assisted living facilities and residential hospice facilities are initially reported to the Office of the Long-Term Care Ombudsman.

As a program under the Older American's Act, we serve those 60 and older. We refer others to other advocacy programs that can assist them.

Office of the Long-Term Care Ombudsman activities are organized around three major areas, Prevention, Intervention and Advocacy:

Prevention.

Education and consultation to both staff and individuals on issues affecting residents in long-term care facilities;

Problem solving before a crisis occurs and making recommendations to facility administration and staff concerning recommended changes in policy, practice and procedures; Information and referral to help connect persons to the best available resources and information; and Regular visits to long-term care facilities by trained volunteers to identify and report or resolve issues before they become serious problems.

Intervention

Intervention, including investigation and resolution of problems and complaints; and

Negotiation and professional guidance to help residents resolve conflicts or problems experienced in the long-term care facility with staff and family members.

Advocacy

Representing the interests of residents before governmental agencies and seeking administrative, legal and other remedies, to protect the health, safety, welfare and rights of the residents; and Commenting on, facilitating public comment on, and recommending changes to existing or proposed laws, rules, regulations and other governmental policies and actions that affect the health, safety, welfare, and rights of residents.

The Certified Ombudsman Volunteer Representative (COVR) Volunteer Program

The Office of the Long-Term Care Ombudsman has a volunteer component of the program that actively recruits and prepares interested individuals to serve as residents' rights and quality care advocates in long-term care facilities. The volunteers are provided with a thirty-hour curriculum prior to entry into the program and also receive an additional ten hours of mentoring support when first placed in a long-term care facility. After becoming Certified Ombudsman Volunteer Representatives (COVR) the volunteers receive ongoing supervision, support and continuing education.

For more information:

Telephone: 271-4375 or toll free in NH at 1-800-442-5640

Email: OLTCO@dhhs.state.nh.us

Website address: <http://www.dhhs.state.nh.us/DHHS/DEAS/long-term-care-ombudsman.htm>

Office of the Long-Term Care Ombudsman

129 Pleasant Street

Concord, NH 03301

Board of Nursing Calendar.....

Mark Your Calendar for These Upcoming Events

All meetings will be held in the Walker Building at 21 South Fruit Street, Concord, New Hampshire unless otherwise noted.

2006

Thursday	February 16	8:30 AM – 4:00 PM	Board of Nursing Meeting	Open to public
Monday	February 20	WASHINGTON'S BIRTHDAY – STATE HOLIDAY		



Thursday	March 2	5:00 – 7:00 PM	Practice & Education Committee	
Thursday	March 2	5:00 – 7:00 PM	ARNP Liaison Committee	
Monday	March 6	6:00 PM – 9:00 PM	Joint Health Council	
Thursday	March 16	8:30 AM – 4:00 PM	Board of Nursing Meeting	Open to public
Thursday	March 16	5:00 – 7:00 PM	Open Forum – Nursing Administrative Rules	Open to public
Thursday	March 23	1:00 PM – 4:00 PM	Orientation for Nurse Leaders	Preregistration required



Thursday	April 6	5:00 – 7:00 PM	Practice & Education Committee	
Thursday	April 6	5:00 – 7:00 PM	ARNP Liaison Committee	
Thursday	April 20	8:30 AM – 4:00 PM	Board of Nursing Meeting	Open to public
Thursday	May 4	1:00 PM – 4:00 PM	Ins and Outs of the Discipline Process: Everything You Ever Wanted to Know!	Preregistration required



Thursday	May 4	5:00 – 7:00 PM	Practice & Education Committee	
Thursday	May 4	5:00 – 7:00 PM	ARNP Liaison Committee	
Thursday	May 18	8:30 – 4:00 PM	Board of Nursing Meeting	Open to public
Wednesday	May 24	LNA CONFERENCE 8:00AM – 4:00 PM Winni Expo Center, Laconia		

Monday May 29 **MEMORIAL DAY OBSERVED – STATE HOLIDAY**



Thursday June 1 5:00 – 7:00 PM Practice & Education Committee
 Thursday June 1 5:00 – 7:00 PM ARNP Liaison Committee
 Thursday June 7 **RN/LPN DAY OF DISCUSSION**
8:00AM – 4:00 PM
Winni Expo Center, Laconia



Thursday June 15 8:30 – 4:00 PM Board of Nursing Meeting Open to public

Tuesday July 4 **INDEPENDENCE DAY – STATE HOLIDAY**



Thursday July 6 5:00 – 7:00 PM Practice & Education Committee
 Thursday July 6 5:00 – 7:00 PM ARNP Liaison Committee
 Thursday July 20 8:30 – 4:00 PM Board of Nursing Meeting Open to public
 Thursday August 3 5:00 – 7:00 PM Practice & Education Committee
 Thursday August 3 5:00 – 7:00 PM ARNP Liaison Committee
 Thursday August 17 8:30 – 4:00 PM Board of Nursing Meeting Open to public

COULD YOU HAVE PASSED THE LICENSING EXAM IN 1912?

Imagine the year is 1912 and that you have just turned 18 years of age. Up until 2 years ago, you lived with your family on a busy farm in a small rural New Hampshire town. You might have visited Concord a few times with your family, but you had never traveled outside of New Hampshire. Your family supported your attending 1 year of high school which was the requirement in 1910 to enter nurses training. It is now 1912, and you have just completed a rigorous 2 year nurse training program.

Up until 2 years ago, you had never been inside a hospital building, let alone work, study, eat and live in a hospital. You had likely seen your share of medical emergencies in both humans and animals, and you had probably assisted at the birth of a few calves or sheep, but nothing like you've seen in the past 2 years in the hospital. The past 2 years in nurses training were probably the most challenging time of your life. You attended classes or worked on the "wards" 6 days per week, with time off only on Sunday morning to attend worship services. In 1911, clinical practice time as a student meant being in charge on a 30 bed ward – not caring for 2 patients under the watchful eye of a faculty member! Sometimes you worked nights, and then attended an 8 hour class as soon as your shift was over. You studied everything from bacteriology to psychology. You had classes in bandaging, dietetics, caring for patients with tuberculosis, poison antidotes, principles of sterilization, psychology, medication administration, charting, and ethics.

And now, you're wearing the uniform of a graduate nurse and preparing to take your examination. Here are some of the questions that will be asked on your test (no multiple choice, fill in the blank, or true and false questions!).....

1. Name the divisions of the spinal column and give the number of bones in each.
2. What considerations modify the dosage of drugs? What is a good rule for calculating the dose for a child when the adult dose only is know?

Continued on page 33

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Susan Goodness



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Joann, Deb, Kim

Licensing Exam 1912 cont. from page 31

3. What is meant by the cumulative action of drugs? In the use of what drug should one be specially watchful for these symptoms?
4. Why is atropine sometimes used in connection with morphine when given hypodermically?
5. What is the average composition of cow's milk? Mother's milk?
6. Give in detail a day's diet for a diabetic patient.
7. If when caring for a new-born infant having discharge of pus from eyes, in a state where the law requires such cases to be reported to the Board of Health, the physician in charge fails to report, what would you do? Has New Hampshire any law covering such cases?
8. In case of hemorrhage from the brachial artery, what would be the character of the flow and what measures would you take to control it?
9. Describe the nursing care of a mother for a few hours after termination of third stage of labor.
10. State in detail the care to be given all articles used by a nurse in a scarlet fever case.
11. Name five communicable diseases and state to what germ each is due. What special preventive measures are necessary in each?
12. What is meant by "air-borne diseases?" Give examples. "Water and soil-borne diseases?" Give examples.
13. Define sudorific, diuretic, stimulant, astringent, escharotic, idiosyncrasy, cumulative effect, physiological action, hypnotic, analgesic.
14. What stand should a nurse take when on a case where patient and family are not satisfied with the attending physician and appeal to her for advice about making a change?
15. What is the difference between subjective and objective symptoms? Name some of the important objective symptoms.
16. Through what arteries does the blood supplying the fingers flow in its course from the heart?
17. If your name is on a registry maintaining high standards and you had knowledge of a gross misdemeanor committed by a nurse connected with the same registry, what would you consider your duty in the matter?
18. What is marasmus? Give symptoms.
19. Tell all that you can about digitalis.
20. State in detail how you would make chicken broth.

These are a few examples of the questions that appeared on the exams given in the first years of prelicensure.
How would you have done?

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4 West - Medical/Surgical

- Full-time, nights.
- Full-time and part-time, day/night.

*Behavioral Health

- Full-time and part-time, nights.
- Full-time, evenings.

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- Full-time, days.
- Full-time, evenings.
- Part-time, days.

Operating Room

- Full-time, days with on-call.

ICU

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- Full-time, day/night.
- Part-time, day/evenings.

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Access Team Clinician

- Minimum of 2 years crisis intervention (experience and NH License) required.
- Per diem.

Clinical Teacher

4 East

- 3-5 years acute care experience.
- BSN required.
- Full-time, days with evening rotations, must be flexible.

**Nurse Manager

The Birth Place

- Ability to foster change and provide direction, leadership and accountability for nursing practice and patient care outcomes.
- Previous management experience in single room maternity care setting preferred.
- BSN required, Master's preferred.
- Full-time, days.

**Supervisor/Educator

House Support

- 5 years acute care experience.
- Leadership and teaching experience.
- BSN preferred.
- Full-time, off-shifts and weekends.

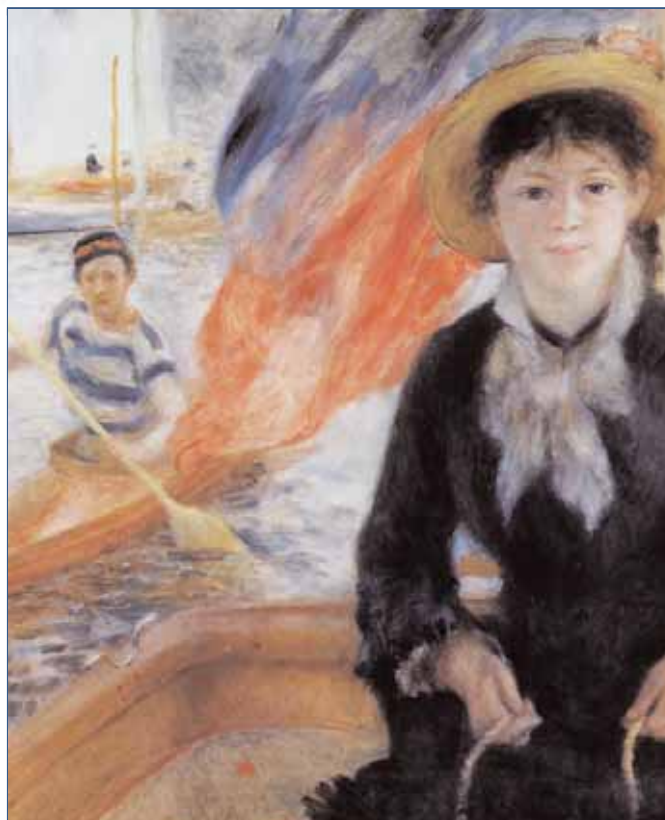
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Education Opportunities at the Board.....

The Board has scheduled several education sessions for Spring 2006. All sessions will be held in the conference room at the Board office, 21 South Fruit Street, Concord. Programs are free, but please preregister for any of the sessions you wish to attend so we can prepare handouts. **Space is limited, so please register early.**

Orientation Program for New Nurse Leaders

Thursday March 23, 2006, 1:00 - 4:00 PM



This program has been presented a number of times in the past 18 months to "sell out" audiences. The purpose of the program is to provide new nurse leaders in any health care setting with information about licensing, practice, and discipline. Intended audience includes nurses in leadership positions in all health care or nursing education settings. The following topics are included: Board's purpose, composition, and function, Nurse Practice Act and Administrative Rules, Licensure and Examination for RNs and LPNs including information about the Nurse Licensure Compact, Scope of Practice for RNs, LPNs, and LNAs, Licensure for LNAs, Medication Nursing Assistants, Paid Feeding Assistants, Delegation Rules, and Licensing and Practice Issues related to Advanced Nursing Practice. Procedures related to registering a complaint and the disciplinary process are covered briefly. More in-depth information about the discipline process is available in the session "Ins and Outs of the Discipline Process: Everything You Ever Wanted to Know".



NEW EDUCATION PROGRAM!

Ins and Outs of the Discipline Process: Everything You Ever Wanted to Know!

Thursday, May 4, 2006, 1:00 – 4:00 PM

This program will be presented by Norm Patenaude, Investigator/ Prosecutor for the Board of Nursing, in conjunction with Board staff members. The session will review in depth the process of preparing a complaint form, the process followed by the Board when a complaint is received, Board actions, protocols for hearings, and a review of possible outcomes. Opportunity will be provided for participants to ask questions. The intended audience includes nurse managers at all levels, human resource professionals, and others involved with supervising nurses and nursing assistants.

Registration for any of the above sessions:

1. Print the form below, complete and mail back to the Board of office, or fax to (603) 271-6605.

OR

2. Download the form that is available on the Board of Nursing web site at www.nh.gov/nursing, complete, and email to jevans@nursing.state.nh.us.

Please- no telephone registrations! No confirmations will be sent. You will be notified if the session is full.



Name: _____

License number: _____

Contact information: (telephone or email): _____

Which program (s) are you registering for?

☐ Orientation Program for New Nurse Leaders

Thursday, March 24, 2006, 1:00 - 4:00 PM

☐ Ins and Outs of the Discipline Process: Everything You Ever Wanted to Know!

Thursday, May 4, 2006, 1:00 – 4:00 PM

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